

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000022883

1. Entity Name

DEL VALLE & ASSOCIATES, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90064 015 ***150.00

Principal Place of Business

Mailing Address

6447 MIAMI LAKES DR. E
SUITE 220
MIAMI LAKES FL 33014

6447 MIAMI LAKES DR. E
SUITE 220
MIAMI LAKES FL 33014-2703

2. Principal Place of Business

6447 MIAMI LAKES DR. E

3. Mailing Address

6447 MIAMI LAKES DR. E

Suite, Apt. #, etc.
220

Suite, Apt. #, etc.
SUITE 220



DO NOT WRITE IN THIS SPACE

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

4. FEI Number

65-0410127

Applied For

Not Applicable

Zip

33014

Country

USA

Zip

33014

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEL VALLE, SHARON
6447 MIAMI LAKES DRIVE EAST
SUITE 211
MIAMI LAKES FL 33014

Name

DEL VALLE, SHARON

Street Address (P.O. Box Number is Not Acceptable)

6447 MIAMI LAKES DRIVE EAST

SUITE 220

City

MIAMI LAKES

FL

Zip Code

33014

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Sharon Del Valle, President
SHARON DEL VALLE

1.5.00

Signature/typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PD
STREET ADDRESS DEL VALLE, SHARON
CITY-ST-ZIP 6447 MIAMI LAKES DR. E., STE. 220
MIAMI LAKES FL 33014

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon Del Valle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON DEL VALLE

1/4/00

(305)

822-1266

Date

Daytime Phone #

CR2E034 (9/99)